

BC

COVER PAGE

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Date Stamp	CALIFORNIA 460 FORM
Page <u>1</u> of <u>2</u>	
For Official Use Only	

Statement covers period from <u>01/01/2020</u> through <u>06/30/2020</u>	Date of election if applicable: (Month, Day, Year) <u>11/03/2020</u>
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5001 2020 AM1057
CITY CLERK'S OFFICE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
☐ Primarily Formed Candidate/Officeholder Committee
- ☐ Quarterly Statement
☐ Special Odd-Year Report

2. Type of Statement:

- ☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Also file a Form 410 Termination)
☐ Amendment (Explain below)

Update campaign contributions dates: La Casa del Celular and Plumbers & Steamfitters Local Union 114

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Carlos Escobedo for Santa Maria City Council District 1 2020

I.D. NUMBER
1424210

Treasurer(s)

NAME OF TREASURER
Oscar Alejandro Escobedo

MAILING ADDRESS
124 W. Main Street, Suite D

CITY
Santa Maria

STATE
CA

ZIP CODE
93458

AREA CODE/PHONE
805-619-0566

STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
124 W. Main Street, Suite D

CITY
Santa Maria

STATE
CA

ZIP CODE
93458

AREA CODE/PHONE
805-619-0566

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/30/2020

Date

Executed on 09/30/2020

Date

Executed on 09/30/2020

Date

Executed on 09/30/2020

Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

5 OCT 2020 AM 10:57
CITY CLERK'S OFFICE
SCHEDULE A (CONT.)

Statement covers period from 07/01/2020 through 09/19/2020		CALIFORNIA FORM 460	
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NAME OF FILER	DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Carlos Escobedo for Santa Maria City Council District 1 2020	08/20/2020	Bonita Packing Co. 1850 W. Stowell Rd. Santa Maria, CA 93458	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	
	08/27/2020	Michael W. Moats 525 E. Plaza Dr., Suite 200 Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dermatologist West Dermatology	500.00	1,000.00	
	08/29/2020	La Casa del Celular 425 W. Main St. Santa Maria, CA 93458	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
	08/31/2020	Carniceria El Matador, Inc. 101 North Depot St. Suite B	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	
	09/04/2020	Plumbers & Steamfitters Local Union 114 ID: 890465 555 Capitol Mall, Suite 400 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1,000.00	1,000.00	
SUBTOTAL \$ 4,800.00							

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee


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